

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** None

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::** Paper

**Computer Readable Form (CRF)?::**

**Number of copies of CFR::**

**Title::** Method for Common Management Model For  
Distributed Server Network

**Attorney Docket Number::** BEAS-1260US3

**Request for Early Publication?::** No

**Request for Non-Publication?::** No

**Suggested Drawing Figure::** 1

**Total Drawing Sheets::** 4

**Small Entity?::** No

**Latin name::**

**Variety denomination name::**

**Petition included?::**

**Petition Type::**

**Licensed US Govt. Agency::** No

**Contract or Grant Numbers::****Secrecy Order in Parent Appl.?::** No**Applicant Information****Applicant Authority Type::** Full Capacity**Primary Citizenship Country::** US**Status::** Inventor**Given Name::** Franklin**Middle Name::** Fulton**Family Name::** Simpson**Name Suffix::****City of Residence::** New Ipswich**State or Province of Residence::** NH**Country of Residence::** US**Street of mailing address::** 20 Old Country Road**City of mailing address::** New Ipswich**State or Province of mailing address::** NH**Country of mailing address::** US**Postal or Zip Code of mailing address::** 03071**Correspondence Information****Correspondence Customer Number::** 23910**Phone number::** (415) 362-3800**Fax Number::** (415) 362-2928**Email address::** SBachmann@fdml.com

## **Representative Information**

**Representative Customer Number::** 23910

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e) Provisional	60/462,920	04/15/03

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## **Assignee Information**

**Assignee Name::** BEA Systems, Inc.

**Street of mailing address::** 2315 North First Street

**City of mailing address::** San Jose

**State or Province of mailing address::** CA

**Country of mailing address::** US

**Postal or Zip Code of mailing address::** 95131